

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Cardiology Political Action Committee

ADDRESS (number and street)

9111 Old Georgetown Rd

☐Check if different
than previously
reported. (ACC)

Bethesda

MD

20814

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00375360

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2006

through

04

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Richard Goldberg

Signature of Treasurer

Electronically Filed by Richard Goldberg

Date

05

16

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American College of Cardiology Political Action Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	Y Y Y Y 2006	401220.04
(b) Cash on Hand at Beginning of Reporting Period	481275.70	
(c) Total Receipts (from Line 19)	15621.66	125785.14
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	496897.36	527005.18
7. Total Disbursements (from Line 31)	29924.02	60031.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	466973.34	466973.34
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	12018.33	100720.99
(i) Itemized (use Schedule A)	2613.00	17079.32
(ii) Unitemized	14631.33	117800.31
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	14631.33	117800.31
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	990.33	5984.83
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	15621.66	125785.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15621.66	125785.14

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	674.02	5781.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	674.02	5781.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28000.00	51000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1250.00	3250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	1250.00	3250.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	29924.02	60031.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	29924.02	60031.84

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	14631.33	117800.31
34. Total Contribution Refunds (from Line 28(d))	1250.00	3250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13381.33	114550.31
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	674.02	5781.84
37. Offsets to Operating Expenditures (from Line 15, page 3)	990.33	5984.83
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-316.31	-202.99

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Jay Alexander
Mailing Address 2151 Waukegan Rd #100

City State Zip Code
Bannockburn IL 60015-1884

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Shore Cardiologists

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 6

Transaction ID: 050506-VZYF1CA6D6FB

Amount of Each Receipt this Period

200.00

PACWEB GENERATED CONTRIBU-
TION

B. Full Name (Last, First, Middle Initial)
Amy Bales
Mailing Address 10212 St James Court

City State Zip Code
Munster IN 46321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiospecialists

Occupation
CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 0 6

Transaction ID: 23117-55251711606979

Amount of Each Receipt this Period

300.00

CAPTEL

C. Full Name (Last, First, Middle Initial)
Michael Boriss

Mailing Address 1002 Willets Rd

City State Zip Code
Marmora NJ 08210-1968

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Heart and Lung
Associates

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 6

Transaction ID: 95990-70141237974167

Amount of Each Receipt this Period

500.00

PAC Invoice

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Gary Brockington Mailing Address 251 Pond St City State Zip Code Jamaica Plain MA 02130-3446 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 15781-49508303403854 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table> CAPTEL	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	3		2	0	0	6	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		0	3		2	0	0	6																							
250.00																																
B. Full Name (Last, First, Middle Initial) Alan Brown Mailing Address 4th Floor Edwards Heart Hospital 801 S Washington St City State Zip Code Naperville IL 60540-7430 FEC ID number of contributing federal political committee. C Name of Employer Midwest Heart Specialists Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 050506-VZVF1CA6F4F7 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table> PACWEB GENERATED CONTRIBU- TION	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	6	100.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		3	0		2	0	0	6																							
100.00																																
C. Full Name (Last, First, Middle Initial) Michael Cecil Mailing Address 4103 Club Dr NE City State Zip Code Atlanta GA 30319-1115 FEC ID number of contributing federal political committee. C Name of Employer Georgia Heart Specialists Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 95990-45859926939011 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table> PAC Invoice	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	6	500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	4		2	0	0	6																							
500.00																																

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Hollace Chastain Mailing Address 1819 Carew St City Fort Wayne State IN Zip Code 46805-4705 FEC ID number of contributing federal political committee. C Name of Employer Fort Wayne Cardiology Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt MM / DD / YYYY 04 / 30 / 2006 Transaction ID: 050506-VZYF1CA6F4DE Amount of Each Receipt this Period 100.00 PACWEB GENERATED CONTRIBU- TION
B. Full Name (Last, First, Middle Initial) Russell Ciafone Mailing Address 66 Highridge Rd City West Simsbury State CT Zip Code 06105-2335 FEC ID number of contributing federal political committee. C Name of Employer Central Connecticut Cardi- ologists, LLC Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 04 / 17 / 2006 Transaction ID: 23117-25947207212448 Amount of Each Receipt this Period 500.00 CAPTEL
C. Full Name (Last, First, Middle Initial) Robert Conn Mailing Address 3027 W 84th Place City Leawood State KS Zip Code 66206-1308 FEC ID number of contributing federal political committee. C Name of Employer Cardiovascular Consultant- s, P.C. Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 04 / 03 / 2006 Transaction ID: 15781-50710695981979 Amount of Each Receipt this Period 250.00 PAC Invoice

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 / 29

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Robert Davidson		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 9646 Wendover Dr		Transaction ID: 15781-19604128599167
City Beverly Hills	State CA	Zip Code 90048-6101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Davidson Drury & Wye PC	Occupation ADULT CARDIOLOGY	PAC Invoice
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) John Fisher		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 2169 Long Ridge Rd		Transaction ID: 15781-33628481626510
City Stamford	State CT	Zip Code 10467-2401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Montefiore Medical Center	Occupation ELECTROPHYSIOLOGY	PAC Invoice
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Blair Foreman		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 309 Sunset St		Transaction ID: 15781-66354006528855
City Iowa City	State IA	Zip Code 52803-2473
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Cardiovascular Medicine PC	Occupation ADULT CARDIOLOGY	PAC Invoice
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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PAGE 10 / 29

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Israel Jacobowitz		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 984 50th St		Transaction ID: 15781-82961672544480
City Brooklyn	State NY	Zip Code 11219
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer New York Cardiothoracic Surgery PC	Occupation CARDIOVASC. SURG.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

CAPTEL

B. Full Name (Last, First, Middle Initial) Christopher Kerns		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 4050 W Memorial Rd		Transaction ID: 95990-30987185239792
City Oklahoma City	State OK	Zip Code 73120-8382
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Oklahoma Cardiovascular Associates	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

PAC Invoice

C. Full Name (Last, First, Middle Initial) Kenneth Lerrick		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 310 West Meath Dr		Transaction ID: 30187-06620424985885
City Winterville	State NC	Zip Code 28590
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Carolina Heart	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

CAPTEL

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Manuel Lopez		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 11 Irene Lane N		Transaction ID: 95990-28765505552292
City Plainview	State NY	Zip Code 11803-1913
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	PAC Invoice
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Henry Lyle		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 8 Landau Lane		Transaction ID: 30187-74604433774948
City Andover	State MA	Zip Code 01854-2141
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Riverside Assoc	Occupation ADULT CARDIOLOGY	CAPTEL
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Edward Martin		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 9533 S 85th East Ave		Transaction ID: 95990-88154238462449
City Tulsa	State OK	Zip Code 74133-6418
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Oklahoma Heart Institute Cardiovascula	Occupation ADULT CARDIOLOGY	PAC Invoice
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Mario Massullo Mailing Address 1482 Northfield Meadows Boulevard City State Zip Code Bourbonnais IL 60901-3693 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6 Transaction ID: 15781-69747561216355 Amount of Each Receipt this Period 500.00 CAPTEL
B. Full Name (Last, First, Middle Initial) Michael Mirro Mailing Address 1819 Carew St City State Zip Code Fort Wayne IN 46805-4705 FEC ID number of contributing federal political committee. C Name of Employer Fort Wayne Cardiology Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6 Transaction ID: 050506-VZMF1CA6F4EE Amount of Each Receipt this Period 100.00 PACWEB GENERATED CONTRIBU- TION
C. Full Name (Last, First, Middle Initial) John Olsen Mailing Address 6809 142nd Court Northeast City State Zip Code Redmond WA 98122-4328 FEC ID number of contributing federal political committee. C Name of Employer Seattle Heart Clinic Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6 Transaction ID: 15781-24457949399948 Amount of Each Receipt this Period 250.00 PAC Invoice

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Ronald Pariser		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 37 Proctor Dr		Transaction ID: 15781-86961001157761
City West Hartford	State CT	Zip Code 06106-5527
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

PAC Invoice

B. Full Name (Last, First, Middle Initial) Carl Pepine		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address 6308 Southwest 37th Way		Transaction ID: 23117-98824709653855
City Gainesville	State FL	Zip Code 32610-0277
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University of Florida College of Medicine	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

PAC Invoice

C. Full Name (Last, First, Middle Initial) Bradley Personius		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address 195 Serenity Lane		Transaction ID: 23117-97073000669480
City Grants Pass	State OR	Zip Code 97526
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer Cardiology Consultants	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

CAPTEL

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) R. Kirby Primm		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 3077 Fir Crest Dr		Transaction ID: 95990-37688845396042
City Wenatchee	State WA	Zip Code 98801-8816
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Wenatchee Valley Clinic	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

PAC Invoice

B. Full Name (Last, First, Middle Initial) George Rodgers		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 6
Mailing Address 2425 Westlake Dr		Transaction ID: 050506-VKNF1C947003
City Austin	State TX	Zip Code 78746-2948
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Biophysical Corporation	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

PACWEB GENERATED CONTRIBUTION

C. Full Name (Last, First, Middle Initial) Howard Walpole		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 31 Northumberland		Transaction ID: 15781-90682619810105
City Nashville	State TN	Zip Code 37205-2018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Heart Group	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

PAC Invoice

SUBTOTAL of Receipts This Page (optional)

1385.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 / 29

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Mary Walsh Mailing Address 8333 Naab Rd Suite 400 City State Zip Code Indianapolis IN 46260-1992 FEC ID number of contributing federal political committee. C Name of Employer Indiana University Schl of Medcn Occupation HEART FAILURE/TRANSPLANT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 6 Transaction ID: 050506-VKMF1C947008 Amount of Each Receipt this Period 100.00 PACWEB GENERATED CONTRIBU- TION
B. Full Name (Last, First, Middle Initial) Henry Weiner Mailing Address 3521 Silverside Rd Ste 1C City State Zip Code Wilmington DE 19810-4900 FEC ID number of contributing federal political committee. C Name of Employer Self-Employed Occupation ELECTROPHYSIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 6 Transaction ID: 95990-19555300474167 Amount of Each Receipt this Period 500.00 PAC Invoice
C. Full Name (Last, First, Middle Initial) Steven West Mailing Address 14171 Metropolis Ave Ste 101 City State Zip Code Fort Myers FL 33912-4335 FEC ID number of contributing federal political committee. C Name of Employer Cardiology Consultants of Southwest Fl Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 3 0 / 2 0 0 6 Transaction ID: 050506-VZYF1CA6F4F8 Amount of Each Receipt this Period 100.00 PACWEB GENERATED CONTRIBU- TION

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)

Michael Widmer

Mailing Address 2051 NE Conners

City State Zip Code
 Bend OR 97701

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Cardiology Group

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 4 / 2 0 0 6

Transaction ID: 95990-94421023130417

Amount of Each Receipt this Period

500.00

PAC Invoice

B. Full Name (Last, First, Middle Initial)

Joseph Wilson

Mailing Address 325 Old Powers Ln NW

City State Zip Code
 Atlanta GA 30327-3409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardiology of Georgia, P.-
C.

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 4 / 2 0 0 6

Transaction ID: 95990-33424013853073

Amount of Each Receipt this Period

200.00

PAC Invoice

C. Full Name (Last, First, Middle Initial)

John Windsor

Mailing Address 310 N 10th St

City State Zip Code
 Bismarck ND 58501-4516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heart & Lung Clinic

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 3 0 / 2 0 0 6

Transaction ID: 050506-VZNF1CA6F4E4

Amount of Each Receipt this Period

100.00

PACWEB GENERATED CONTRIBU-
TION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Michael Wolk		Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6
Mailing Address 876 Park Ave		Transaction ID: 050506-VZVF1CA6F4E7
City New York	State NY	Zip Code 10021-8722
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer New York Cardiology Assoc.	Occupation ADULT CARDIOLOGY	PACWEB GENERATED CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.32	
B. Full Name (Last, First, Middle Initial) Kevin Young		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address 1917 E Rosedown Dr		Transaction ID: 6WB5UH6NH8F30
City Lake Charles	State LA	Zip Code 70601-5785
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cardiovascular Specialists of SW Louis	Occupation ADULT CARDIOLOGY	PACWEB GENERATED CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

333.33

TOTAL This Period (last page this line number only)

12018.33

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 / 29

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. American College of Cardiology - Admin Account

Mailing Address P.O. Box 85024

City	State	Zip Code
Richmond	VA	23285-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5984.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	0	6

Transaction ID: 13946-32941836118698

Amount of Each Receipt this Period

415.13

Reimburse for Mar. Amex
Fees

Full Name (Last, First, Middle Initial)

B. American College of Cardiology - Admin Account

Mailing Address P.O. Box 85024

City	State	Zip Code
Richmond	VA	23285-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5984.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	0	6

Transaction ID: 13946-10895937681198

Amount of Each Receipt this Period

544.45

Reimburse for Apr. Disc./-
Merchant Fees

Full Name (Last, First, Middle Initial)

C. American College of Cardiology - Admin Account

Mailing Address P.O. Box 85024

City	State	Zip Code
Richmond	VA	23285-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5984.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	0	6

Transaction ID: 15497-34826296567917

Amount of Each Receipt this Period

30.75

Reimburse for 3/13 Mercha-
nt Fees

SUBTOTAL of Receipts This Page (optional)

990.33

TOTAL This Period (last page this line number only)

990.33

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address P.O. Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement

April Amex Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: V00757-4492761492729

Date of Disbursement

04 / 30 / 2006

Amount of Each Disbursement this Period

129.57

Full Name (Last, First, Middle Initial)

B. Discover Business Services

Mailing Address P.O. Box 3010

City
New Albany

State
OH

Zip Code
43054

Purpose of Disbursement

April Discover Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: M12830-5081292986869

Date of Disbursement

04 / 04 / 2006

Amount of Each Disbursement this Period

6.27

Full Name (Last, First, Middle Initial)

C. Merchant Services

Mailing Address 7300 Chapman Hwy

City
Knoxville

State
TN

Zip Code
37920

Purpose of Disbursement

April Merchant Fees

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: M12830-3713342547416

Date of Disbursement

04 / 04 / 2006

Amount of Each Disbursement this Period

480.80

SUBTOTAL of Disbursements This Page (optional)

616.64

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wachovia Bank

Mailing Address C/O Nova Information Systems
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
April Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: M12830-0215417742729

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2006

Amount of Each Disbursement this Period

57.38

SUBTOTAL of Disbursements This Page (optional)

57.38

TOTAL This Period (last page this line number only)

674.02

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. A Lot of People Who Support Jeff Bingaman

Mailing Address PO Box 16210

City Albuquerque State NM Zip Code 87191

Purpose of Disbursement
2006 Primary

Candidate Name
Jeff Bingaman

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District:

Transaction ID: 11355-8282085657119

Date of Disbursement

04 / 28 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. A Lot of People Who Support Jeff Bingaman

Mailing Address PO Box 16210

City Albuquerque State NM Zip Code 87191

Purpose of Disbursement
2006 General

Candidate Name
Jeff Bingaman

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NM District:

Transaction ID: 11391-2108270525932

Date of Disbursement

04 / 28 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Anna Eshoo for Congress

Mailing Address 555 Capitol Mall
Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
2006 Primary

Candidate Name
Anna Eshoo

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 14

Transaction ID: 11391-0641443133354

Date of Disbursement

04 / 28 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bass Victory Committee

Mailing Address PO Box 3451

City
Concord

State
NH

Zip Code
03302

Purpose of Disbursement
2006 Primary

Candidate Name
Charles Bass

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: 64258-8091089129448

Date of Disbursement

04 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Charles Boustany Jr MD for Congress Inc

Mailing Address PO Box 80126

City
Lafayette

State
LA

Zip Code
70598

Purpose of Disbursement
2006 Primary

Candidate Name
Charles Boustany

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 07

Transaction ID: 81040-5616418719291

Date of Disbursement

04 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Charles Boustany Jr MD for Congress Inc

Mailing Address PO Box 80126

City
Lafayette

State
LA

Zip Code
70598

Purpose of Disbursement
2006 General

Candidate Name
Charles Boustany

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District: 07

Transaction ID: 11391-3853113055229

Date of Disbursement

04 / 28 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ensign for Senate

Mailing Address PO Box 26568

City
Las Vegas

State
NV

Zip Code
89126

Purpose of Disbursement
2006 General

Candidate Name
John Ensign

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District:

Transaction ID: 11391-2519494891166

Date of Disbursement

04 / 28 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Clay Shaw

Mailing Address PO Box 2188

City
Fort Lauderdale

State
FL

Zip Code
33303

Purpose of Disbursement
2006 Primary

Candidate Name
E. Shaw

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: 11355-7093316912651

Date of Disbursement

04 / 28 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of John Boehner

Mailing Address 7908-I Cincinnati Dayton Rd

City
West Chester

State
OH

Zip Code
45069

Purpose of Disbursement
2006 Primary

Candidate Name
John Boehner

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 08

Transaction ID: 11355-0527459979057

Date of Disbursement

04 / 28 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Sherrod Brown

Mailing Address 2280 Kresge Dr
Suite 800

City Amherst State OH Zip Code 44001

Purpose of Disbursement
2006 Primary

Candidate Name
Sherrod Brown

Office Sought: ☐ House
☒ Senate
☐ President

State: OH

District:

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 11355-5313226580619

Date of Disbursement

04 / 28 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. IMPACT America

Mailing Address 228 W. Washington St
Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2006 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 64258-4441644549369

Date of Disbursement

04 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Keep Our Majority PAC

Mailing Address PO Box 20209

City Alexandria State VA Zip Code 22320

Purpose of Disbursement
2006 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 11355-0918390154838

Date of Disbursement

04 / 28 / 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nathan Deal for Congress

Mailing Address PO Box 902

City
Gainesville

State
GA

Zip Code
30503

Purpose of Disbursement
2006 Primary

Candidate Name
Nathan Deal

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 09

Transaction ID: 25958-9458581805229

Date of Disbursement

04 / 04 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Norwood for Congress

Mailing Address PO Box 499

City
Evans

State
GA

Zip Code
30809

Purpose of Disbursement
2006 Primary

Candidate Name
Charlie Norwood

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 10

Transaction ID: 81198-6218683123588

Date of Disbursement

04 / 19 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Norwood for Congress

Mailing Address PO Box 499

City
Evans

State
GA

Zip Code
30809

Purpose of Disbursement
2006 General

Candidate Name
Charlie Norwood

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 10

Transaction ID: 81198-9844171404838

Date of Disbursement

04 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. People with Hart Inc

Mailing Address PO Box 435

City
Wexford

State
PA

Zip Code
15090

Purpose of Disbursement
2006 Primary

Candidate Name
Melissa Hart

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 04

Transaction ID: 64258-6800195574760

Date of Disbursement

04 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Prosperity PAC

Mailing Address 429 North Saint Asaph

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
2006 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 11391-4625665545463

Date of Disbursement

04 / 28 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Reynolds for Congress

Mailing Address PO Box 15388

City
Rochester

State
NY

Zip Code
14615

Purpose of Disbursement
2006 Primary

Candidate Name
Thomas Reynolds

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 26

Transaction ID: 64258-0950738787651

Date of Disbursement

04 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Schwarz for Congress

Mailing Address PO Box 2063

City
Battle Creek

State
MI

Zip Code
49016

Purpose of Disbursement
2006 Primary

Candidate Name
John Schwarz

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 07

Transaction ID: 81040-8034021258354

Date of Disbursement

04 / 19 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Schwarz for Congress

Mailing Address PO Box 2063

City
Battle Creek

State
MI

Zip Code
49016

Purpose of Disbursement
2006 General

Candidate Name
John Schwarz

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 07

Transaction ID: 81198-5285455584526

Date of Disbursement

04 / 19 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Simpson for Congress

Mailing Address 1487 Parkway Dr

City
Blackfoot

State
ID

Zip Code
83221

Purpose of Disbursement
2006 Primary

Candidate Name
Michael Simpson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District: 02

Transaction ID: 64258-0363580584526

Date of Disbursement

04 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Upton for All of Us

Mailing Address PO Box 490

City
St Joseph

State
MI

Zip Code
49085

Purpose of Disbursement
2006 Primary

Candidate Name
Fred Upton

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 06

Transaction ID: 64258-9815790057182

Date of Disbursement

MM / DD / YYYY
04 / 19 / 2006

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

28000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 29

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ronald Mahoney

Mailing Address 7777 SW Fwy Ste 420

City
Houston

State
TX

Zip Code
77074-1805

Purpose of Disbursement
Refund of 1/17/06 Contribution

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 62611-00677126646041

Date of Disbursement

MM / DD / YYYY
04 / 10 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michael Mowdy

Mailing Address 2149 SW 59th St
Ste 203

City
Oklahoma City

State
OK

Zip Code
73119-7028

Purpose of Disbursement
Chargeback of 1/17/06 Contribution

Candidate Name

010

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 00757-32603091001510

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2006

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

1250.00